

In the United States Patent and Trademark Office

Serial Number: 10/815,620
Application Filed: April 2, 2004
Applicant: Kia Silverbrook and Paul Lapstun
Application Title: Combined Sensing Device
Examiner/GAU: Jamara Alzaida Franklin/2876

Dated November 1, 2005
At: Balmain, NSW
Docket No. HYG010US

REPLY

Commissioner for Patents
Washington, District of Columbia 20231

Dear Sir:

In reply to the "Notice Requiring Excess Claims Fees" dated October 17, 2005, the Applicant now encloses a cheque for the Excess Claim Fee in the amount of US\$100.00.

The present application is believed to be in condition for allowance. Accordingly, the Applicant respectfully requests a Notice of Allowance of all the claims presently under examination.

Very respectfully,

Applicants:

KIA SILVERBROOK

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PAUL LAPSTUN

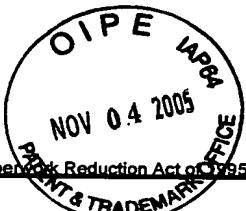
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FORM**

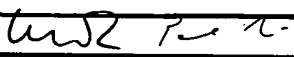
(to be used for all correspondence after initial filing)

		Application Number	10/815,620
		Filing Date	April 2, 2004
		First Named Inventor	Kia Silverbrook
		Art Unit	2876
		Examiner Name	Jamara Alzalda Franklin
Total Number of Pages in This Submission		Attorney Docket Number	HYG010US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <div style="border: 1px solid black; padding: 2px; display: inline-block;">Remarks</div>	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kia Silverbrook and Paul Lapstun	
Signature		
Date	November 2, 2005	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name		
Signature		Date

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